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AN ORATION

DELIVERED BEFORE

The Medical Society of London,

On May 2nd, 1870,

BY

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Hospital; Honorary Fellow of King's College, London;
etc., etc.*

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AN ORATION

&c., &c.

“I have gathered a posie of other men’s flowers, and nothing but the thread that binds them is mine own.”—MONTAIGNE.

MR. PRESIDENT AND GENTLEMEN,

IT has been the annual custom since this Society was instituted, in 1773, to elect one of its Fellows as Orator, whose function (to quote the words of the old law) shall be “to deliver a discourse on the best means of promoting the intentions of the Society and the general improvement of Medical knowledge.”

The early records imply that the post of Orator was one not always readily accepted. Year after year we find that the honour, when conferred, has been duly appreciated and acknowledged, but subsequently it has been, for some reason, respectfully declined—on one notable occasion, in 1791, when no less than five gentlemen refused to undertake the responsibilities involved in the office.

In more recent times, however, this unwillingness has not prevailed to the same extent, although there have been good reasons for its continuance. It has been evident for some years that the hour usually fixed for the oration (5 p.m.) has been inconvenient to the majority of the Fellows, whose scant attendance—arising from no disregard for the Society, but due solely to the natural

exigencies of our Profession—has been most discouraging to the Orator, and seemed likely to induce a feeling of apathy and indifference on his part. Hence, this time-honoured practice threatened to lose its dignity and to become, possibly, a relic of the past, until last session, when, at the suggestion of Dr. Sansom, the Council made that important change which has been the means of bringing us together this evening. That the change is a step in the right direction this unusually large meeting, I think, abundantly testifies.*

As I am here, in obedience to the wishes of the Fellows, it is my first and obvious duty to offer them my cordial acknowledgments for the distinguished position in which they have been pleased to place me. I confess that I had some hesitation in assuming a place that has been so worthily filled by my predecessors: but I was induced to accept the office assigned me from a principle of action which has always guided my conduct in life, of never shrinking to perform a duty which was incidental to the position I might hold, impressed with the full assurance that I could faithfully rely on the indulgence of my hearers—those warm-hearted friends whose ceaseless encouragement and kind co-operation has ever stimulated and upheld me in all my labours.

In framing the remarks which I have now the honour of submitting to the meeting, natural impulse led me to seek for something that might wear the gloss of novelty; but remembering that “there is no new thing under the sun,” I began to consider what there was that was old that I might, so to speak, dish up and serve in an agreeable and palatable form.

The general rise and progress of the Society has already been told in a very complete and interesting manner by Dr. Routh in his oration delivered in 1859, and recently, Sir, we have had from your pen a valuable address, in

* The meeting was held at the Queen's Concert Rooms, Hanover Square, the Oration being followed by a *conversazione*.

which you forcibly remind us of some of the vicissitudes we have undergone—how at certain times we have been enjoying the utmost and apparently lasting prosperity, and how at others we have been brought to the very brink of irrevocable ruin. But we have fought the battle manfully, and every one here will, I am sure, rejoice to learn that, notwithstanding all our changes of fortune, in the face of the emulation and competition peculiar to the age we live in, and in spite of the growth and rapid development of other excellent societies, we hold our own as the parent of them all, and were never in a more flourishing condition in every respect than we are at the present moment.

There are, however, times in any life-long history, when it becomes expedient, if not necessary, to pause and reflect upon our position—to endeavour to estimate whether we remain stationary, whether we are making progress, or even whether we are retrograding. And an occasion such as the present affords us, I think, a convenient opportunity to halt and consider if we are fulfilling the objects for which this, the Medical Society of London, was instituted; if, as the law enacts, we are promoting its intentions, and if, by our mode of action, we are assisting in the general improvement of Medical knowledge.

Two years ago I resolved, with the sanction of the Council, to search the records with the view of ascertaining the *kind* of work done at our meetings, and I have now fulfilled that self-imposed task. I have looked at, and studied, every page in our “Transactions” extending over a period of well nigh a hundred years, when our frail little bark was first put to sea. The inexhaustible store of information that I have gleaned proves beyond all doubt that our ship has been—as she now is—sound and pre-eminently seaworthy; that she has weathered the stormy waves of difficulty with brave heart, gathering from every buffet fresh strength, and scorning the hindrances that must at times have so sorely vexed and stumbled her.

I propose to submit to the meeting a few out of the

numberless invaluable incidents recorded, and have selected such as have a more especial bearing on Surgery, throwing in, here and there, a few samples relating to other departments of the Healing Art possessing more than ordinary interest. Some are curious—even amusing. Many teach us instructive lessons, and all I venture to hope are of sufficient merit to secure the attention of my hearers during the brief period allotted to me on this occasion. Comment on the cases adduced is unnecessary, as the facts speak for themselves. I give them, as I find them, in “a round unvarnished tale.” They represent the “very age and body of the time,” and may be taken as faithful sketches of “the story of our lives from year to year.”

The first note of any special Surgical interest is found in connection with the subject of *Harelip*, so far back as 1790, when Isaac Rand gave the details of two cases in which he had operated successfully *two days after birth*; and at a meeting held on May 7th, 1804, part of the evening was spent in discussing the time at which the operation should be undertaken, which was recommended by those of experience to be very early, “Because,” the account continues, “infants are then less disposed to cry, and the bones of the palate are more disposed to come together in the cases where the fissure extends through the whole palatine arch.”

On February 28th, 1775, a letter was read from Dr. Lettson, one of the most earnest workers in the Society, and at whose house the original meetings were held, containing an account of an ingenious and simple method of taking impressions of plants of which the following is an extract:—“For this purpose,” he says, “some printer’s ink, or ivory black, ground with linseed oil, and a pair of printer’s bosses, such as are used for laying the ink on the types, are necessary. After rubbing these bosses with a little of the ink, lay the plant betwixt them, and press it so as to give

it sufficient colour, then take the plant, and lay it carefully on the sheet of paper, and press it with the hand, to give the impression of the plant to the paper, which may afterwards be coloured according to Nature."

On November 4th, 1783, the same gentleman (Dr. Lettson) read a letter on the good effects of lizards taken fresh in cancerous and venereal cases, for which the thanks of the Society were given.

July 26th, 1790.—Dr. Sims produced a stone said by the natives of the East Indies to be found in the head of the Cobra de Capello, or Hooded Snake, and supposed to be an antidote against the bite of that animal.

February 29th, 1796.—Dr. Sims spoke of a rare case of Abscess above the Clavicle, communicating with the lung so as to blow out a candle.

Here is a singular treatment of dropsy :—

April 11th, 1786.—Dr. Bradley related a case of Ascites, in which he *varnished the belly* to prevent absorption, which he conceived was a great means of repletion.

October 20th, 1828.—The subject of dropsy being under discussion, Mr. André's trochar for paracentesis abdominis, devised by him in 1782, was referred to, and the registrar (secretary) added that Mr. Searle had invented an apparatus to evacuate the abdomen in ascites. It consisted of adopting the principle of the syphon. An orifice was made flat with a trochar, on which was attached a long elastic tube, the greater portion of which was bent over the side of the bed.

The use of *Ice* in the treatment of disease is common enough with us in the present day, but it was largely employed in former years. For example—

February 14th, 1785.—Dr. Lettson narrated a case of Umbilical Hernia, in which recovery took place by the application of ice. And on April 1st, 1811, Mr. Good stated that he had seen a case in which the application of "the freezing mixture" persevered in for a whole day, had produced

a return of the hernia into the abdomen. It has also been used in acute rheumatism applied to the affected joints. And on April 11th, 1796, in a discussion on croup, Mr. Field objected strongly to blisters and counter-irritation, but had great confidence in the topical application of ice in this disease, as in other affections of the throat.

But little discussion has arisen on "affections of the skin." We are all familiar with *feigned* skin diseases, but the following case, although the result of accident, will serve as a wrinkle to us all, and may even be worthy the attention of our Fellows, Mr. Erasmus Wilson and Dr. Tilbury Fox, our late Lettsomian lecturer. In June, 1787, Dr. Lettsom mentioned the case of a child supposed to be in a very dangerous way, the appearance of several large livid spots on different parts of the skin having occasioned very alarming apprehension in the parents. On inquiry, it appeared that the child had lain on some half-pence given him to play with, which, by accident, coming in contact with the skin, had discoloured it.

There are several instances recorded of patients having *a remarkably low pulse*:—

On February 8th, 1796, Dr. Sims related a case of Hydrothorax in which the pulse was thirty-six only in the minute; and on May 5th, 1817, Dr. Clutterbuck mentioned that he had a lady under his care with a pulse *regularly at thirty-six*; and Mr. Hooper knew a gentleman whose pulse was forty in one arm, and in the other none could be felt; and on March 22nd, 1830, Dr. Williams mentioned the case of a gentleman who recovered from a slight attack of apoplexy, and whose pulse kept at thirty-one. He alluded to an individual whose pulse for many years remained at fifteen; and Mr. Waller mentioned the case of a young lady whose pulse was thirty-two only. Then on March 29th, 1830, Mr. Shearley stated that a captain in the Navy had a pulse of twenty-eight. The pulse rose to thirty-two once a month, when he had an epileptic fit.

The following practical hint may be useful :—

October 7th, 1790. Dr. Blencowe read a letter concerning an expedient successfully used for preventing the distress occasioned by the noise of carriages passing in the street. This was effected by drawing the bed on which the patient lay away from the wall (insulating it as it were), and placing under each of the feet a piece of woollen cloth doubled eight or ten times. This deadened the sound.

March 30th, 1795.—Mr. Armiger produced a specimen of human hair taken out of a grave in Aldermary churchyard, which was in a most perfect state, although, from circumstances, it must certainly have been buried before the fire of London in 1666, and probably long before that period.

The following notes are quoted as *examples of heroic treatment* :—

January 31st, 1820.—Dr. Ley mentioned the case of a lady who for some irritation about the rectum applied more than one hundred leeches near the anus. She gradually sank and died, completely exhausted by hæmorrhage; and Mr. André, on February 5th, 1821, noticed two severe cases of ophthalmia, in which bleeding *ad deliquium animi* and the application of upwards of two hundred leeches had been found essential to arrest the progress of the disease.

October 5th, 1807.—Dr. Clutterbuck related a case of Midwifery which went on well up to the expulsion of the placenta, a part of which was removed when hæmorrhage ensued, and the accoucheur, in attempting to remove the rest with the scissors, not only removed the uterus itself, but several feet of the intestines, during which operation the lady died !!

Here is a novel way of treating rickets :—

April 15th, 1811.—It was stated that a Dr. Macdonald laid the bones of the leg bare, and rasped them well, putting the lad, aged nineteen, to extreme torture. Two

large pieces of bone came away, and there was an ulcer extending from knee to ankle; nevertheless, the patient can walk two miles at a time, and does not seem likely to sink under his misfortune.

The foregoing examples indicate the violent remedies believed in by the enlightened physicians of former years, and may be well summed up in the words attributed to Dr. John Lettsom :—

“ When patients come to I,
I physics, bleeds, and sweats 'em,
And if they choose to die,
What's that to I—I. Lettsom ” (I lets 'em).*

The next two cases are instances of *voracious hunger* :—

On April 3rd, 1786, a paper was read on a remarkable case of what is called “canine appetite,” in which 379 pounds 10 ounces were eaten in six days, being an average of about 63 pounds per diem.

On May 25, 1807, Mr. Hurlock said a woman in Bartholomew's Hospital was wretched unless she was eating. She has always two, and sometimes three, quartern loaves a day, in addition to two meals of beefsteak, one pound and a half in weight. She has two pots of porter daily, besides a large quantity of water.

The story of the Welsh fasting girl having recently caused considerable excitement, it may not be out of place to relate the following particulars :—

December 13th, 1790.—Dr. Sims produced a book written in Italian, by Simon Portius, giving an account of a German young woman who lived two years without eating or drinking; and Dr. Turnbull related a curious case of a man who lived a very long time without sleep; and—

* “Jeaffreson's Book About Doctors.”

The following version, for which the author is indebted to Mr. Streeter, is, perhaps, more rhythmical :—

“ When patients do to me apply,
I physics, bleeds, and sweats 'em,
If after that they choose to die,
What's that to me—I. Lettsom.”

October 12th, 1807.—Mr. Macdonald called the attention of the Society to the case of a girl named Richardson, known by the title of the “Sleeping Beauty.” She is about nineteen years of age. The first circumstance that attracted notice was her continuing in a profound sleep for nine days, during which time she was bled, and pins had been thrust into her arms, of which she was entirely ignorant. She took no sustenance. On waking she appeared extremely weak, but soon recovered by nourishment. She has since slept seven days, and four days.

Carbolic acid being much in vogue at the present time, the following note relating to the use, eighty years ago, of a substance closely allied to that material, is worthy of mention :—

October 26th, 1790.—A letter was read from Mr. Edmund Saunders, of Plymouth, on the efficacy of oil of tar as an antiseptic.

The following extracts are peculiarly interesting, for they indicate an important era in the history of surgery seventy years ago :—

October 5th, 1801.—A paper was read from Dr. Fothergill, of Bath, “On a Remarkable Case of the Removal of a Portion of the Fibula,” *proving the means of preserving the limb*; and, again, a few years later, November, 1812, a gentleman stated he had attended a boy who, in using an axe, had inflicted a transverse wound through the joint of his finger, so that it was attached by integument only. By keeping the parts in apposition, the finger was not only saved, but the use of the joint restored.

These last are instances of what, in modern times, would be termed, to quote Sir William Fergusson, “Conservative Surgery.” Are they not, as Shelley says, “The mirrors of the gigantic shadows which futurity casts upon the present?”

The practice of “Excision of the joints” has met with but

little, if any, encouragement. It *has* been alluded to, but with the view of apparently decrying what now-a-days is generally recognised as a most valuable operative procedure. The following note bears on this subject:—

October 28th, 1805.—Some remarks were made by Mr. Young and Mr. Abernethy, on Moreau's method of removing joints. Mr. Abernethy thought if the constitution was powerful enough to produce union, this operation was unnecessary, as the disease might be cured without. At a subsequent meeting, Dr. Hopkinson requested the opinion of those present on a young lad, aged eighteen, with a stiff elbow. One gentleman thought the division of the muscle would be useless; another, that soothing measures would be proper; and a third, that scientific adaptation of exercise to the part might prove advantageous. Possibly it was not a case fitted for excision, but this operation was not suggested.

Here let us pause, in order that I may briefly allude to the fact that the Fellows of this Society have ever evinced the greatest loyalty towards their sovereign and country. It is well known that during the reign of King George III. several attempts were made on the life of that good man; once, on the 2nd of August, 1786, when a woman, named Margaret Nicholson, attempted to stab his Majesty at the entrance of St. James's Palace. But another instance has especial reference to a congratulatory address herewith appended, that was drawn up by us, and presented to his Majesty. The details are not without interest. "On the 15th of May, 1800, his Majesty, accompanied by the Queen and some of the Princesses, visited Drury-lane Theatre. A moment after the King had entered his box, and while he was in the act of bowing to the audience, a man, who sat in the middle of the pit, fired off a horse-pistol at him, but the discharge happily lodged in the roof of the Royal box. Terror and indignation were depicted on every countenance, except that of the King, who stepped back with the utmost

composure to the box-door, saying to the Queen and Princesses, who were at that moment entering, "Keep back, keep back, they are firing squibs for diversion, and perhaps there may be more." The loyalty of the spectators was raised to the highest pitch of enthusiasm. "God save the King" was three times sung by the whole house, with the following additional stanza, supplied impromptu by Sheridan:—

" From every latent foe,
From the assassin's blow,
God save the King.
" O'er him thine arm extend,
For Britain's sake defend,
Our father, prince, and friend,
God save the King."*

The Address runs thus:—

" TO THE KING'S MOST EXCELLENT MAJESTY.

*" The humble Address of the President, Council, and Fellows
of the Medical Society of London."*

"Most gracious Sovereign,—We, your Majesty's most dutiful and loyal subjects, the President, Council, and Fellows of the Medical Society of London, beg leave to present to your Majesty, our most sincere congratulations on the signal instance of Divine goodness to their kingdoms, in preserving from the late atrocious attempt your Majesty's most valuable life.

"The consideration of the providential protection from the imminent danger to which your Majesty was exposed, fills our hearts with the most lively gratitude to the Almighty, and we most cordially unite with our fellow-subjects in offering up our ardent supplications to the Throne of Grace for the long continuance of a life rendered every day more dear to your faithful people, by your Majesty's unremitting attention to their prosperity and happiness.

* Maunder's "Biographical Treasury."

“ Resolved, That the above be signed by the President, and that the President, the Treasurer, Sir John Macnamara Hayes, Bart., and Dr. Lettson be a Committee to present it.

“ *June 23rd, 1800.*”

Again, on June 14th, 1802, a special meeting was held when it was resolved to present the following Address to his Majesty on the happy restoration of peace:—

“ TO THE KING’S MOST EXCELLENT MAJESTY.

“ *The humble Address of the President, Council, and Fellows of the Medical Society of London.*”

“ Most gracious Sovereign,—Impressed with a grateful sense of the innumerable blessings we enjoy under your Majesty’s most benign reign, we, your dutiful and loyal subjects, the President, Council, and Fellows of the Medical Society of London, humbly approach your Majesty with our unfeigned thanks for your paternal care in terminating a long and destructive war, by the happy restoration of peace.

“ From the experience of the lively interest which your Majesty ever evinces in promoting and securing the happiness of every subject throughout your Empire, we feel increased felicity in anticipating those benevolent sentiments which must fill your Royal breast on this auspicious occasion.

“ That this Peace may be permanent and attended with every commercial, civil, political, and religious advantage, which your extensive dominions can enjoy, and that your Majesty may possess in your Royal person, family, and Government, every blessing that can result from the ennobled state in which Divine Providence has placed you, are the objects of our warmest wishes and increased endeavours.

“ Signed by order of the Society, specially assembled at their house, in Bolt Court, Fleet Street, London.

“ *14th June, 1802.*”

Again, in 1803, we have evidence that the members of our Profession were then, as they are now, in the foremost rank of volunteers, the Fellows offering their professional services to his Majesty “in the case of actual invasion in any part of Great Britain to which his Majesty may be pleased to direct.”

The last and saddest remains to be told. It relates to her Majesty Queen Victoria :—

January 13th, 1862.—A special meeting was assembled for the purpose of framing an address of condolence to the Queen on the loss she had sustained in the death of the Prince Consort. Mr. Rogers-Harrison, after some preliminary remarks, proposed the following Address :—

“TO THE QUEEN’S MOST EXCELLENT MAJESTY.

“We, the President and Fellows of the Medical Society of London, in special meeting assembled, most heartily solicit your gracious Majesty to accept the tribute of our sincere condolence under the dire bereavement your Majesty has sustained. We pray that the Almighty Disposer of events may, in His unbounded mercy, grant your Majesty the blessing of His grace, and enable your Majesty and your Majesty’s august family to bear with fortitude and resignation the irreparable loss which your Majesty, in common with the whole nation, has been visited with in the decease of the Prince Consort—a prince universally beloved whilst living, and mourned now dead, not more for his talents and his usefulness, which have enrolled his name amongst the great and good that have passed from us, than for his exemplary social virtues, which have placed him before the nation as a pattern and model of every domestic and public duty. May it please Almighty God to pour down on your Majesty the continual dew of his blessing, and vouchsafe to your Majesty

long life and health to reign over a devoted and loyal people.

“Signed by the President on behalf of the Fellows of the Medical Society of London,

“WILLIAM COULSON, President.

“*January 13th, 1862.*”

Having been, as I have endeavoured to show, loyal to our sovereign and country, we have also been faithful to ourselves, for with the view of improving the education of medical men, special meetings were held on April 21st, 1828, and on January 7th, 1834, for preparing petitions to the House of Commons to take into consideration the obstructions which, in the existing state of the laws, were lying in the way of a proper cultivation of anatomical science.

The following petition, prepared by Dr. Clutterbuck, was adopted :—

“Medical Society of London,

“April 21st, 1828.

“TO THE HON. THE COMMONS OF GREAT BRITAIN AND IRELAND IN PARLIAMENT ASSEMBLED.

“The humble petition of the undersigned, the President, Council, and Fellows of the Medical Society of London, established in the year 1773, sheweth :—

“That the perfection of medical and surgical science is founded upon an intimate and minute acquaintance with the structure and functions of the human body.

“That the requisite knowledge of anatomy and physiology can only be obtained by the frequent inspection and constant study of the dead human subject.

“That an adequate supply of dead subjects is indispensably necessary to enable the teachers of medical and surgical science to explain to students the complex structures and varied functions of the animal frame in health,

and the innumerable alterations effected in it by different states of disease.

“That the physicians and surgeons of this kingdom are altogether prevented from attaining such adequate supply by the existing laws, which prohibit, under severe penalties, both pecuniary and personal, the appropriation of dead bodies generally to anatomical purposes.

“That the facilities with which subjects for anatomical purposes can be procured in other countries compared with this, necessarily compels great numbers of medical and surgical students to go abroad for the purpose of prosecuting their professional studies.

“Your petitioners therefore entreat your honourable House to take the matter of their petition into your gracious consideration, and afford them such relief as your honourable House shall seem meet.

“And your petitioners will ever pray, &c.”

The next note appeals to the heart of every Englishman.

December 23rd, 1805.—A letter was read by Dr. Gillespie from the surgeon on board *The Victory*, who dissected the wound of the late Admiral Nelson, describing the progress of the musket ball. It passed through the left shoulder, penetrating one lobe of the lung, and, after perforating the vertebræ, was lodged in the surrounding muscles.

There have been numerous discussions on resuscitating persons after drowning and hanging, and the difficulty of inflating the lungs was always dwelt on.

February 14th, 1805.—Reference was made to the subject of suspended animation, and some conversation took place on the propriety of rubbing the body with salt, which custom was stated to have originated in the vulgar notion of the preservative and antiseptic power of salt. “*The difficulties of inflating the lungs were noticed.*”

October 20th, 1806.—Dr. Thornton related the case of

a man who had hung himself with a silk pocket-handkerchief. The doctor applied a common bellows to one nostril, thus filling the lungs with air. Then he applied boiling water to the stomach which immediately produced a convulsive groan and gape. Mustard was then applied to the nostrils and a cataplasm to the feet, then a blister to the thorax, and after that leeches. The patient recovered, and had suffered no pain.

It may be interesting to remark here that Dr. Marshall Hall, who was a Fellow of the Society, having been born in 1790, was, of course, at this period (1805) but fifteen years old. His so-called "Ready Method for Restoring Suspended Animation" was brought before the Profession in 1856. At the present day the plan introduced by Dr. Henry R. Silvester, of Clapham, and known as the "Physiological Method," is generally preferred, and is adopted by the Royal Humane Society.*

There are recorded some remarkable instances of recovery after severe injuries to the head:—

March 10th, 1806.—Mr. Hooper mentioned the case of a man who had a pitchfork driven into his head for four inches, who speedily got well; and also the case of a lad who recovered after having nearly half his cranium taken off in the riots of 1780.

The next is, perhaps, rather more astonishing:—

March 7th, 1814.—Mr. Taunton remarked on a case he had seen under Mr. Chandler's care at St. Thomas's Hospital. Nearly the whole of the os frontis was smashed by the windlass of a mill. The membranes of the brain and the anterior lobes were severely lacerated, and the upper part of the orbits and the nasal bones were exposed. *The patient did well in a short time.*

April 25th, 1851.—Mr. Thomas Wakley exhibited a man, fifty-eight years old, who, in 1823, was a seaman on board the *Minerva*. They captured three whales, and were

* See *Medical Times and Gazette*, November 7th, 1857.

“frenching the blubber” with knives as long as a scythe, but straight, and sharp as a razor. He turned suddenly but slipping, fell on a glass tumbler and the frenching knife. By this the abdomen was opened from the anterior inferior spine of one side to the other. The intestines protruded on the thighs, yet the bowels were not wounded.

There are several interesting cases of foreign bodies in the larynx and pharynx. The following note contains an ingenious and effective way adopted of getting rid of a foreign substance in the gullet:—

April 16th, 1778.—Mr. Blair related a case in which a piece of meat stuck in a person’s throat. Probangs were used without effect, and at last an injection of tobacco was thrown into the bowel, which made the patient vomit, and the obstacle was removed.

January 18th, 1786.—Mr. Hamilton spoke of a case in which a pigeon’s bone had remained in the œsophagus for twelve months, and was then vomited up unaltered.

November 25th, 1814.—Mr. Johnston related a case of ruptured pharynx in a female, aged thirty-two, whilst eating some boiled beef. Blisters and leeches were applied with no benefit. She ultimately died of suffocation, when the pharynx was found ruptured, the food having passed into the surrounding parts. The œsophagus was not ulcerated.

February 21st, 1820.—Mr. Callaway related a case of sudden death by a tumour attached to the soft palate becoming detached, and closing the rima glottidis; and on May 18th, 1835, Mr. Pilcher related a singular case where a long polypus growing from the pharynx was occasionally vomited out of the mouth. It always slipped back before the medical attendant arrived. At last the nurse held it until the surgeon came and removed it.

The following case is one, the diagnosis of which in the present day by the aid of the laryngoscope would, in all probability, have been rendered easy:—

October 14th, 1822.—Mr. Cox related the case of a man

about thirty, who, for six or eight months, was supposed to be suffering from ulceration of the larynx. He died; and at the *post-mortem* examination a piece of meat was found to have fallen into the rima glottidis.

There are numerous examples showing the remarkable course that foreign bodies will sometimes take :—

March 19th, 1798.—Mr. Saumarez spoke of a case of Mr. Hunter's. A lady had swallowed a pin. An abscess took place in the ham, from which the pin was extracted green and spirally twisted.

November 15th, 1802.—Dr. Lettsom related the case of a person who wished to provoke vomiting, and swallowed a cobbler's knife, which afterwards came out at the ribs. Another case (somewhat analogous to that recently published by Sir William Fergusson),* was that of an idiot who swallowed a pair of compasses and some old nails to the amount of 4 lbs. successfully. Dr. Sims spoke of a needle upon which a lady sat in a hackney coach. There was pain in one thigh for six months, which then passed into the other. A surgeon, on examination, felt his hand scratched by some object, which proved to be the needle, which had gone from one thigh to the other. It was removed.

The following extract of a well-known case is interesting because the particulars are given on the same day on which the *post-mortem* examination was made :—†

March 20th, 1809.—Dr. Babington mentioned the case of a seafaring man who had frequently visited Guy's Hospital some years previously. He had been persuaded, in a drunken frolic, to swallow six of his messmate's knives; he had afterwards swallowed six more; and at subsequent periods as many more as made up eighteen or nineteen in all. Parts of the knives, especially the horn, had

* See *Lancet*, 1870. Vol. 1. P. 368. "An instance in which a gold pencil case passed innocuously through the gullet, stomach, and intestines."

† For a complete account, see *Med. Chi. Transactions*. Vol. 12. 1823.

passed by stool, and he had no special symptoms. Mr. Astley Cooper* examined him, and corroborated the story the patient had told. The passage of the contents of the bowels became more painful and he died yesterday. The iron parts of several of the knives were found in the intestines; some of them had fallen into the cavity of the pelvis and had perforated the rectum. Several still remained in the stomach, and the horn was entirely removed from all of them as if it had been acted upon by the gastric juice.

December 16th, 1833.—Mr. Dendy related the case of a man, aged sixty-five, who, for two months, had mild attacks of diarrhœa, and had had scrotal hernia for twenty-five years. He at length suffered from symptoms of strangulation, but declined to have any operation performed. He died, and at the *post-mortem* the pylorus was found very dilatable, and the small intestines matted together. About two inches from the ileo-cœcal valve was found a large-sized blue earthenware egg cup, the concave part of which was directed downwards. No intestine was found in the hernial sac. It was suggested that it had been passed by the rectum, but the general impression was that it had been swallowed. Mention was made of the experiments on digestion made by a man who had swallowed metallic balls two-and-a-half inches in diameter; and Dr. Johnson alluded to the case of a Frenchman who had swallowed a box containing despatches from Napoleon to prevent them falling into the hands of the enemy. The fact was discovered, and he was kept a prisoner until he had passed them all by the bowels. He alluded to another case in which a man had swallowed nearly all the bone of a shin of beef.

February 28th, 1842.—Mr. Dendy exhibited a slug which had been passed, per anum, by a child two-and-a-half years old. The slug was alive when voided, and had lived about six hours after its expulsion. It was about three inches

* Created a Baronet in 1820.

long, and the thickness of the little finger. The child had ophthalmia and convulsions, which never recurred after the expulsion of the slug. Mr. Darvill stated he had seen muscles ejected alive three days after being swallowed.

April 11th, 1796.—Dr. Lettson read a paper “On an unusually large Biliary Calculus weighing two-and-a-half ounces which had passed by stool;” and December 23rd, 1805, Dr. Pinckard gave an account of the parts on dissection with an uncommon number of gall-stones being found in the gall bladder, amounting to two hundred and eighty-five about the size of ordinary currants.

We have, of course, plenty of instances of “maternal impressions” affecting the foetus in utero. One was a case on October 28th, 1804, of a large Nævus which was supposed to have been caused by the mother “viewing hog’s entrails.” On October 24th, 1811, Dr. Clutterbuck related a singular malformation in an infant:—A man was to have undergone an operation for diseased testis. The mother, six months advanced in pregnancy, felt a peculiar sensation. Her child was found to have but one testis. The death of the child gave the opportunity of seeing the other testicle which was about the size of a pea, and only one kidney both of which lay across the spine. A surgeon present gave the instance of his own child. His wife who was four or five months gone in pregnancy, was sensibly affected by the screams of a person having a tooth drawn. She felt a disagreeable sensation, describing it as having her palate cut out. At birth the child was found with no palate.

This is a convenient place to remark that there appears to have been little done on the subject of congenital cleft palate. The Author’s cases will be subsequently alluded to; but the following record may be here introduced:—

November 15th, 1851.—Dr. Bauer, a German surgeon, brought before the Society a suggestion in operative surgery, which had been devised by Dr. Buchring, the nephew of Dieffenbach. It was to effect an organic

closure of the hard palate. A pair of forceps of a peculiar form were required to perform the operation. The patient is seated in a chair; the forceps are then introduced into the open mouth, and one branch being passed into the nasal cavity, as near as possible to the alveolar process, whilst the other is to occupy a corresponding position in the mouth, so as to embrace the palate between the two cutting edges of the forceps. The palate is then to be cut entirely through, the opening made being of a corresponding length to the fissure. It ought not to extend beyond the hard palate behind, and ought to leave its anterior portion entire. A leaden wire is now passed through one wound, then into the nose, and through the other into the mouth and tightened. When the edges are close to one another they are to be cut, in order that they may unite as in harelip. The wound will soon fill up with callus and close.

May 28th, 1792.—Dr. Turnbull related the case of a foetus being heard *to cry in utero* repeatedly within the last five weeks previous to its birth.

The following cases are brought forward to show the influence of the blood on the foetal circulation:—

June 13th, 1793.—Dr. Turnbull gave an account of a child born with small-pox from which others were inoculated, and had small-pox mildly; and on March 1st, 1813, Mr. Saumarez mentioned a case of a pregnant lady who, in the sixth month, was seized with small-pox. A fortnight after abortion was produced, and the foetus had from twelve to fourteen distinct and well-marked variolous pustules on the skin.

May 17th, 1802.—Mr. Addington mentioned the case of a child infected with syphilis while in utero. Dr. Sims stated that the celebrated man-midwife, Dr. Young, of Edinburgh, said that a child was never born with syphilis; but that if the child once sucked the infected mother, it was sure to take the disease. Mr. Foster was of opinion

that syphilis could not be communicated by the milk, and that it arose from the mother or nurse having an ulcerated nipple.

There are several curious phenomena relating to diseases peculiar to women :—

April 2nd, 1792.—Mr. Saumarez remarked the case of a lady who was, four years before, supposed to be pregnant. After nine months nothing appeared. Her breasts were large, and she had milk in them. Her size was much diminished, but she still had milk in her breasts. Dr. Hooper said he had seen six cases of milk in the breasts of women with uterine affections, especially during menstruation.

April 10th, 1837.—Mr. Dendy related the case of a lady supposed to be pregnant, but there was neither morning sickness nor swelling of mammæ. Dr. Blundell had seen it, and had diagnosed it as a case of prominent sacrum and depositions of fat. A gentleman who saw the case gave it as his opinion that it was an ovarian tumour, and put in a trochar. She recovered from this, and subsequently died of influenza. The sacrum was found to project almost to the pubes.

June 13th, 1803.—A remarkable case, was mentioned by a member, of a woman who had ceased to menstruate, and who had not borne any children for sixteen years, and in whose breasts the secretion of milk returned from the circumstance of a child sucking them at night, and who continued to suckle for two years.

March 31st, 1813.—Mr. Blegborough stated that he had attended a lady during three confinements, and had, on each occasion, noticed similar appearances,—namely, a discharge from the vagina, occurring on the seventh day, resembling milk. She had had several children, and in the first two lyings-in she did not suckle; in the last two she did. The discharge continued for three months. Dr. Lettsom knew of a case of suppressed secretion of the

breast, in which the young woman spat two quarts of milk daily for a month, and recovered. The same gentleman, on April 22nd, 1812, mentioned a case of mania after parturition. He knew a female who had had many children, and was always deranged for a month or two afterwards. He likewise was acquainted with a lady who was always deranged, excepting when pregnant.

November 15th, 1828.—Mr. Lord stated the case of a woman, aged thirty-six, whose uterus was ruptured during parturition, the fœtus passing into the abdomen. Dr. Hopkinson performed Cæsarean section, saving the child; but the mother died eight hours after the operation. The incision made was seven and a half inches in length, and was half an inch from the linea alba, yet not more than one teaspoonful of blood was lost.

October 27th, 1834.—Mr. Evans read the particulars of a case (that of a woman) in which a fœtus of seven months had been found in the cavity of the abdomen surrounded by a large quantity of purulent matter, scarcely a vestige of the uterus remaining. She was supposed to be pregnant, and he was called to her on account of a sudden discharge of the liquor amnii, but without any pain. She resumed her duties. Soon after a swelling was noticed below the ribs of the right side, which Mr. Callaway thought was an abscess, and which was opened, but only fetid air escaped. The woman died soon after, and the tumour proved to be the body of a child. The question was, was it a case of extra-uterine fœtation, or had the uterus ruptured. There was no pain throughout the case, and no placenta could be discovered.

October 19th, 1835.—Mr. Hutchinson related an interesting case of extra-uterine fœtation, in which the child was removed piecemeal through an opening in the abdomen. The woman recovered.

November 5th, 1838.—Mr. Headland spoke of the bodies of two children he had seen joined like the Siamese twins, but with a more extensive union reaching from the upper

part of the sternum to the umbilicus. An anatomist had stated he would have divided the band had they lived; but subsequent examination showed how improper such a course would have been, for although there were two hearts, there was but one pericardium.

March 21st, 1808.—Mr. Young related a remarkable case of a foetus having been discovered in the cavity of the abdomen of a *male* child, who died at the age of nine months. The mother had noticed some change in the form of the child's abdomen. He rested ill, but took the breast well. There was a tumour on the left side under the margin of the chest, occupying the epigastric and umbilical regions, and extending somewhat below the navel. The child died, and on opening the body, it appeared to Mr. Young and Dr. Birkbeck as if the swelling was occasioned by a distended bladder. Having punctured it, a yellow fluid tinged with blood escaped. The aperture being dilated, a very distinct foetus came into view, resembling what has been called the brainless monster. He did not know if it was alive when the containing child died, but he saw no marks of putridity. He believed it died with the containing child.

There are numerous cases recorded of *Transfusion*, but so far as can be ascertained they have been attended with no very satisfactory result:—

October 12th, 1818.—Dr. Walshman, the then President, mentioned an amusing experiment he had witnessed on a dog. The animal was bled to apparent death, and laid on the table. The femoral artery of another dog was opened, and blood flowed through a tube into the jugular vein. The dog soon exhibited signs of returning animation. He opened his eyes, wagged his tail, and at length springing on his feet, gave a significant look at the company, and ran away to the utmost astonishment of all present.

October 20th, 1825.—Mr. Doubleday mentioned a case

of successful transfusion for uterine hæmorrhage occurring in a woman, aged twenty-nine. Six ounces of blood were furnished by the husband. She was "all but gone." After the injection, she said "I am as strong as a bull." More was injected, fourteen ounces in all: the pulse, previous to the operation, when it could be counted, was 140, and immediately after the operation it was 104. In a quarter of an hour it was 98, and in half an hour 90. Mr. Lloyd said that transfusion had been prohibited in Paris on account of its fatal tendencies. With regard to the admission of air, in some experiments made by Sir Astley Cooper, two ounces of air were injected into the vein of a dog without any injurious effect.

Complete *suppression* of urine is known to be a very fatal affection, death usually occurring in two or three days.

We have the following cases bearing on this subject:—

November 30th, 1795.—Mr. Dyson related a case where the patient had not passed water for a fortnight. He died at the end of fourteen days. No urine was found at any time in the bladder.

January 30th, 1820.—Dr. Walshman mentioned a case of suppression of urine which went on for three weeks. Some disease of the kidneys was suspected, but the patient recovered.

Having referred to suppression of urine, the following cases of *retention* are worthy of notice:—

March 1st, 1802.—Mr. Jeaffreson spoke of a case in which he drew off from a woman at one time ten pints of urine. She had not made water for three days.

March 15th, 1824.—Dr. Johnson mentioned the case of a French gentleman who had an enlargement in his abdomen, supposed to be at first liver, then ascites. He was admitted into a hospital, where he was to have been tapped, but previously to the operation, the house-surgeon passed a catheter, and to his surprise drew off five quarts of urine. The patient had experienced incontinence of

urine, but the enlargement of the bladder was not suspected.

Dr. Walshman mentioned the case of a woman who died a week after parturition. The bladder was so distended as to hold four or five gallons (!) of fluid.

The next case looks very like one of hysteria, although the history is told with much seriousness :—

September 30th, 1816.—Dr. Clutterbuck related a case of vomiting of urine after a retention of many days' standing. The patient was a girl, aged eighteen, who vomited a quart of urine. The doctor being sceptical, she was watched; but ten days after, no urine having been passed, she vomited another quantity of fluid having a urinous smell, and exactly corresponding to the characters of ordinary urine. The bladder was relieved by the catheter, and the vomiting did not recur.

March 16th, 1837.—Mr. Dendy said that in some affections of the stomach it was interesting to note the immense discharge that would sometimes occur. He related the case of a patient who, for fifteen months, vomited two pints of blood every other day without any symptoms of uneasiness, syncope, or emaciation.

With regard to stone in the urinary bladder and diseases of that organ, we find the following curious notes :—

November 4th, 1783.—Dr. Lettson read a paper "On the Lithotriptic Effects of Tea."

March 20th, 1786.—Mr. J. Harrison read a report of a "Case of Stone in the Urinary Bladder successfully treated by giving water impregnated with fixed air by means of salt of tartar (carbonate of potash) and weak spirit of vitriol."

September 28th, 1795.—Mr. Copeland read a paper "On the Lithotriptic Effect of Muriatic Acid."

October 30th, 1820.—Mr. Wigan mentioned a case of calculi in the bladder much relieved by black currant jelly.

January 25th, 1796.—Mr. Foster read a “Case of Lithotomy,” in which the bladder so contracted round the forceps that they could not be opened. The gorget was introduced along the forceps, and a gush of air rushed out. The forceps were then easily opened, and the stone caught.

March 27th, 1809.—Mr. Lawrence related a case in which a mass like a bundle of hair encrusted with calcareous matter was extracted from a man’s bladder in an operation of lithotomy. On November 20th, 1809, the same gentleman (Mr. Lawrence) alluded to a case in which worms had recently come away from the bladder of a woman on a female catheter being withdrawn; and on October 7th, 1816, Mr. Pettigrew spoke of a gentleman having calculi in the bladder who voided from the bladder, during a journey from Brighton to London, three dozen worms. He did not know their species. Then on October 25th, 1841, Mr. Wigan spoke of a case of stone in the bladder. The patient had shown him about twenty insects resembling the centipede which he had picked out of the urethra. Not less than a hundred had been so obtained. He believed there was no deception in it, because the gentleman thought the state not uncommon. Several of the living insects had been placed in urine, and they survived four days, appearing to die from the decomposition of the urine.

It is said that at the age of forty a man has the alternative of being either a fool or his own physician; and we may suppose he has the same option of being either a fool or his own surgeon; but here is an example of a patient who assumed the privilege, or, at least, ran the risk, of being both:—

December 13th, 1824.—Dr. Stewart asked if the operation of lithotomy of extracting the stone through the rectum was practised in this country as it was by several surgeons in Italy. In reply, Dr. Haslam said that many years ago he saw a patient who could bring the stone so low in the rectum as to induce the surgeon, Mr. Pott, to think of re-

moving it. The patient, however, anticipated the surgeon, and *performed the operation himself*, extracting two stones.

October 6th, 1828.—Dr. Shearley related a case to show *the effect of fear in the removal of disease*. The patient was the subject of hydrocele. Sir Astley Cooper tapped it, and told him to come again in three weeks. The effusion recurred. Sir Astley told him he should be under the necessity of tapping it again. This announcement considerably agitated the patient, and was succeeded by a diminution and entire disappearance of the tumour.

The following cases relating to *Hernia* are not without interest:—

January 26th, 1797.—In a discussion on hernia and obstruction of the bowels, Mr. Hurlock informed the society that he had met with “another case of fatal affection of the abdomen.” Now, mark the treatment! “Glysters of tobacco, both in infusion and in fume, and large quantities of warm water, to the amount of three quarts or a gallon, were thrown into the bowel with an appropriate apparatus. Calomel, cathartic extract, neutral salts, senna, and other purgatives; bleedings, fomentations, warm bathing, and large blisters had been employed without procuring stools. Wash-hand-basonfuls of feculent matter had been vomited up, but yet the patient died.”!!

May 2nd, 1804.—Mr. Montague narrated a case in which an empiric had opened a strangulated hernia, thinking it was an abscess. The intestine was gangrened, and the stools all passed through it for many days; but at last they took their natural course, and the patient recovered.

June 2nd, 1806.—Mr. Lawrence mentioned a case of strangulated hernia in which mortification had taken place. The intestine was returned, and the fecal matter passed through the wound for about three weeks. In about another three weeks it all passed by the natural passage.

March 4th, 1805.—Mr. Blair mentioned the dissection of a case of hernia of very rare occurrence. On opening the

vaginal sac, another distinct sac was found containing a portion of ileum, but the connection between the cavity of the abdomen and the vaginal sac was very complete, as the patient had had ascites, and the abdominal water had been drawn off by a puncture through the tunica vaginalis.

May 20th, 1820.—Mr. Egan related the case of a soldier who, at the battle of Waterloo, received a wound with a sword which penetrated the diaphragm and the left lung. He recovered from the immediate effects, and died two months after of enteritis, when a hernia of the stomach was found to have taken place, that viscus having protruded through the wounded diaphragm. The wounded lung was shrivelled and adherent to the upper part of the thorax.

October 18th, 1824.—A paper was read by Mr. Chevalier "On the Evils of Procrastinating the Operation in certain cases of Strangulated Hernia." He believed that tobacco enemata always did harm.

November 7th, 1836.—Mr. Pilcher operated for supposed strangulated hernia. The sac was discovered thick, and filled with fibrin and serum, without a particle of either intestine or omentum. He cut away the sac, and the wound healed, after which the hernia did not descend.

November 14th, 1836.—Mr. Pilcher said he had operated upon a child two months old with success, and asked what was the earliest period of life at which it had been found necessary to operate. The radical cure was spoken of, and pressure advocated.

The subject of hydrophobia has been amply discussed:—

January 17th, 1791.—Dr. Sims mentioned a case or two of the disease cured by a liberal use of oil, internally and externally applied. He particularizes the case of a person at Brentwood, in Essex, bit by a mad dog, in whom all the usual symptoms were completely come on. There was dilatation of the pupils, and every other sign of the worst

state of the disease. The patient was rubbed five or six times a day very well with a large quantity of oil, and two or three ounces of oil were given five or six times a day for several days, after which the patient recovered.

December 21st, 1807.—Mr. Good stated that it has never been known that dogs which have had what is called the distemper (*i.e.* the contagious catarrh in dogs) ever died of canine madness; that at Buenos Ayres hydrophobia is entirely unknown, but that the contagious catarrh is extremely common there. Mr. Chamberlaine stated that in Jamaica the hydrophobia had not appeared for these thirty years, and that it is not at all known in the East Indies. Dr. Currie, when in the East Indies, made a great deal of inquiry after the disease, but could never trace the least vestige.

April 11th, 1835.—Mr. Iliff related the circumstances of a man who had died of hydrophobia, induced by the bite of a cat.

May 21th, 1827.—Mr. Drysdale stated that when he was in North America, he knew a soldier to be bitten by a rabid animal. The wounded part was covered with gunpowder, which was immediately fired. An eschar was by this means produced, and no symptoms of hydrophobia followed.

April 14th, 1825.—Mr. Kingdom thought that applying caustic to bites of dogs was quite unnecessary, and that they rendered the parts more susceptible to the action of the virus.

With regard to "Contagion" and "Infection" we have several curious notes:—

May 26th, 1806.—Mr. Macdonald observed that he had attended a lady, aged fifty, and one aged eighty, with hooping-cough, caught from their grand-children.

March 25th, 1811.—Dr. Lettsom stated that he knew a case in which small-pox broke out in a family residing in a house, and it was generally supposed that the contagion

had been left by a family who had quitted the premises three years before.

The following are examples of lead-poisoning:—

May 3rd, 1806.—Dr. Pinckard mentioned the case of a young lady having convulsions, produced by her using a cosmetic, in which the principal ingredient was lead. She first had “*Colica Pictonum*.”

February 6th, 1809.—Dr. Hamilton stated that he had visited a house in Aldersgate street, in which several deaths had occurred from lead-poisoning, brought about by drinking water from a leaden cistern. There was a cask of putrid size on the premises, which emitted fetid gases. A discussion arose on the effects of noxious smells. Mr. Lawrence stated that he had never found any disease produced by handling, or being in contact with, putrid bodies under dissection. Dr. Lettsom said that the tribes of American Indians dug up the bodies of their relatives once a year in a complete state of putridity, with no ill effect.

May 15th, 1809. — Mr. Lawrence observed that he had recently dissected a rat in which three encysted tumours were found in the scapula. The animal was fat and muscular, and had been fed on the putrid flesh deposited in the dissecting room of the hospital.

December 7th, 1807.—Mr. Ware stated that he had seen the head of a man brought from New Zealand, in which the features were preserved most correctly. The hair was entire and the brain removed. The face looked like a mask. He was told it was done by the natives of New Zealand by keeping it exposed to heat for a sufficient length of time. This man was killed in battle.

The following cases of deafness are interesting:—

March 26th, 1810.—Mr. Henderson related the case of an elderly lady who was so deaf as to require the use of an acoustic tube. She was subject to bilious attacks, and a singular metastasis took place. When her stomach was

disordered she recovered her hearing completely, and when the attack ceased, her deafness returned.

November 28th, 1814.—Mr. Stevenson narrated the case of an officer who, when riding, came in contact with the branch of an oak tree, giving him great pain. He continued very deaf and suffered a great deal for four months, when a piece of oak was extracted. Instead of remaining deaf, his hearing became so acute that he was obliged to close the other ear.

The following is an easy method of producing blisters :—

November 12th, 1810.—It was stated that the simplest and most efficacious plan was to apply hot clothes wrung out of scalding water, or to use the steam from a kettle to the part.

October 16th, 1820.—In a paper "On Paralysis," Mr. Kingdom mentioned the case of a paralytic patient who, having completely lost the power of speech, was heard suddenly to swear upon having his toe trodden on, the loss of speech continuing immediately afterwards. And Dr. Williams mentioned a similar instance of a patient with paralysis who, on being teased by the nurse, scolded her warmly, and afterwards became incapable of speech.

The treatment of *Erysipelas* has been considerably discussed :—

November 20th, 1820.—Mr. Wigan observed that some time ago, at Guy's Hospital, eighteen patients were admitted with this disease. Six were treated antiphlogistically, six with bark and wine, and six with no treatment whatever. The results were rather in favour of the last-named series.

In a discussion on cholera, May 2nd, 1825, Mr. Wray remarked that in this country the disease was so rarely

fatal that the opportunity of examining the state of the intestines was seldom afforded.

February 14th, 1825.—Mr. Pettigrew read a paper “On Extirpation of the Tonsils,” which were removed in the case of a girl aged twelve by a blunt-pointed bistoury. A stormy discussion ensued, in which many advocated the use of the ligature, by which the part sloughed away in twenty-four hours. Mr. Callaway supported the treatment by ligature. He had seen Sir Astley Cooper remove the tonsils with the knife, and there was alarming hæmorrhage and inflammation. Dr. Walshman said that in a practice of fifty years he had never seen a case in which the operation for removing the tonsils was required.

May 23rd, 1825.—Mr. Gossett remarked that he had found the application of strong caustics to the tonsils perfectly useless.

October 15th, 1838.—A discussion arose on *Sea-sickness*. Dr. Whiting said that it had been attributed to the blood being incapable of following the motion of the vessel. The author of this notion had suggested that, in order to avoid sea-sickness, we should breathe according to the motion of the vessel, inspiring as it descends and expiring as it ascends. Dr. Whiting had tried this, *but was sick in spite of it*.

Social questions have from time to time been discussed :—

October 20th, 1800.—The President, Dr. Sims, related an instance of hailstones of a remarkable size, being nine inches in circumference, which had fallen in Woburn, Bedfordshire, doing great damage.

There are some startling records relating to alcoholic stimulants, and also to the use and abuse of tea and coffee :—

March 30th, 1807.—Dr. Sims thought that insanity and affections of the head were more frequent within the last

two years, which he attributed to the quantity of port wine drunk. Mr. Leese thought it due to large dinners, long sittings, and speculations of every kind.

April 2nd, 1833.—Mr. Coles read a paper “On the Deleterious Effects of Tea and Coffee,” and believed that most of the diseases of the heart were traceable to their use. Dr. Uwins said that the late Dr. Willis had stated that he owed half his practice in cases of insanity to the effects of tea. He thought it probable that we had declined in deviating from the more substantial diet of our ancestors, and mentioned two cases of insanity in which the insane ideas always came on after drinking tea. Mr. Proctor, however, gallantly came to the rescue, and said he knew a Dr. Johnson, of Nottingham, who would drink *thirty-two* cups of tea at a sitting, yet he lived to a good old age, was stout, and worked hard.

In a discussion on this subject of more recent date, Mr. J. Fernandez Clarke contended that the idiosyncrasy of the individual caused stimulants to act in a peculiar manner. Lord Byron had fancied that gin-and-water assisted him in his inspirations. Pope translated the “Iliad” under the influence of coffee. Coleridge found his conversational powers heightened by opium;—tobacco-smoking, and even cold water each had its advocates. Mr. Dendy argued that these were instances of the effect of imagination and might be classed with Handel’s desire to have his piano placed in a meadow when composing, or with Hume sitting down to write in full dress with wax lights. In cases where bodily fatigue was to be encountered, stimulants were necessary.

Whilst on the subject of stimulants let me allude to the following somewhat rough but ready method of treating drunkenness:—

February 1st, 1819.—Dr. Uwins spoke of the case of a man whose family, when he became insensible from

intoxication, were in the *daily* habit of placing him in a trough of cold water, which was, after a time, permitted gradually to drain off. The person awoke sensible and refreshed.

The next note relates to "Tired Nature's sweet restorer, balmy sleep":—

December 19th, 1842.—Dr. Clutterbuck asked if any gentleman could inform him the plan followed by the late Mr. Gardner for producing sleep at will. A speaker said that since Mr. Gardner's death the secret had been published, and which, in his opinion, was "all humbug." He had tried it in his own person, but it had kept him awake. The secret was to lie on one side and then to breathe out slowly until you fancy you see the breath passing up from the nostrils. Mr. Proctor was of opinion that sleep could not be forced, and alluded to the Act of Parliament which was passed some years ago to *compel* watchmen to sleep in the day. It was found that many could not.

Mr. Dendy thought the success was due to the monotony produced by the plan. He understood that Mr. Gardner had failed ninety-five times out of a hundred cases, yet he had certainly succeeded remarkably in the case of Mr. Sheridan Knowles.

Mr. Elliott believed it was monotony, and mentioned the case of the keepers of lunatics, who were not unfrequently thrown into sleep by the monotonous ravings of their patients.

Mr. Pilcher said that in manufactories where the work was carried on day and night, if the workmen were put alternately to the night and day work the change did them a great deal of harm. So it was with the drivers of mail coaches. He had been told by the driver of a mail coach who had driven it for fifteen years, that after the first week he had suffered no inconvenience whatever, although he had been up all night and slept all day for the whole of that period. On one occasion, however, he

had been kept up by day, and then he could not sleep at night. The change made him quite ill. Mr. Pilcher thought these facts were worthy the serious consideration of those who were disposed to recommend such changes from philanthropic motives.

Mr. Clarke stated that when the police force was first established, it was found the men suffered from being put alternately on night and day work, and that they were so conscious of it themselves that they preferred constant night work to the change.

And now we come to what may be called our own time. Up to the last twenty or thirty years the meetings of the Society have been devoted almost exclusively to Medicine, Therapeutics, Midwifery, and the Etiology of Disease. It is more especially within the above-named period that any particular advancement has been made in regard to Surgery.

The first name that greets the eye is that of our President, Mr. John Gay, who has ever been one of our most active Fellows. The records tell us, that amongst numberless contributions, he, on December 14th, 1850, exhibited portions of bone—the ends of the femur—on which the operation of resection had been performed for ununited fracture. Ten weeks elapsed, and no union having taken place, amputation was performed. Again, November 8th, 1851, he brought before the notice of the Fellows a man who had had a diseased elbow-joint which was considered unfit for excision and only fit for amputation. By deep incisions into the joint (a practice introduced by Mr. Gay), a complete recovery was effected. Again (April 16th, 1853), a communication “On the Treatment of Certain Forms of Ulcer by Lateral Incisions;” and (March 14th, 1859) a paper “On the Causes of Varicose Swellings of the Veins;” and (January 20th, 1868) “On Varicosity in Relation to Ulcer,” besides his very instructive Lettsomian lectures in connection with the same subject.

There are several cases of tumours recorded of much surgical interest. The most remarkable for size are the following:—

One by Mr. Callaway (October 23rd, 1820), which was of a steatomatous character, and was removed by Sir Astley Cooper. The growth, which had existed for forty years, extended from the umbilicus to the knees, and weighed thirty-seven pounds ten ounces. Another, of the uterus, which was removed, and weighed thirty-nine pounds twelve ounces; and another, by Mr. Haynes Walton, a fatty tumour weighing seventeen pounds. Mr. Walton also read a paper (December 14th, 1850) “On Excision of the Head of the Femur;” and (February 14th, 1852) showed five calculi removed by Dr. Mackenzie, of Edinburgh, from a man aged forty-six, the nucleus being horse-beans, which had been introduced in the patient’s mouth, rectum, and urethra, during a drunken bout.

Mr. Coulson, a former President, read a paper (January 25th, 1851) “On the Removal of the Cuboid with the Two Outer Metatarsal Bones,” and alluded to the operation of Mr. Hancock for the removal of the os calcis, which was first made known to the Profession through this Society, and also to the operation of Mr. Thomas Wakley, of removing the os calcis, together with the astragalus.

Adverting to Mr. Hancock, we find that his contributions have been numerous and practical. The following papers have been received from him:—

February 15th, 1851.—“On Certain New Muscles of the Urethra;” and (January 10th, 1852) a paper “On Excision of Joints,” giving an account of three cases in which he had performed excision—one at the shoulder, a second at the elbow, and a third at the ankle. Then January 14th, 1869, a paper “On Perforating Ulcer of the Foot;” and February 21st, 1870, he related the case of a “Tumour involving the Radius and Ulna,” which he had removed, leaving a useful arm and hand.

We are deeply indebted to Mr. Henry Smith for his

unceasing zeal in the interest of the Society. On April 3rd, 1852, he exhibited a patient on whom he had tied the external iliac on the left side, and the superficial femoral on the right; and (November 10th, 1862) he read a paper "On the Treatment of Hæmorrhoidal Tumours with a description of a new clamp." He has also shown remarkable examples of the removal of foreign bodies from the urethra and bladder, *introduced by the patients themselves* :—

- | | | |
|---|---|------------------------------|
| 1. A portion of tobacco pipe | } | taken from the male urethra. |
| 2. A glass flower tube | | |
| 3. An ivory nail trimmer removed from a female bladder with a lithotrite. | | |

But not the least instructive have been his papers "On Excision of the Knee-joint," exhibiting, on all occasions, especially October 1867, many patients on whom he had performed this operation. Mr. Bryant has also contributed a paper on this subject; and the late Mr. Peter Charles Price, whose researches on affections of the joints are so favourably known, has added largely to our store of knowledge on the pathology and treatment of those diseases requiring operative interference. His early death* this Society and the Profession have much reason to deplore. The mention of his name suggests that a passing word of tribute should be paid to his father, Dr. Price, of Margate, and to Mr. Martin Ware, who are the oldest Fellows of the Society—Dr. Price having joined it so long ago as 1810.† No words of mine are needed to assure these gentlemen that we regard them with deference and respect, indeed, with envy, wondering which of us will be spared to attain such an honoured position.

A well-known writer has said that,—“To grow old is natural, being natural it is beautiful, and if we grumble at it we miss the lesson, and lose all the beauty. An old tree

* He died at Ventnor, November 13th, 1864, aged 32.

† Dr. Price was born November 20th, 1787, and died at Margate, May 30th, 1870; nearly a month after this oration was delivered.

is picturesque—an old castle venerable—an old cathedral inspires awe—why should man be worse than his works?*

But to continue:—To Mr. Canton we are indebted for a paper (Jan. 24th, 1852) “On Arcus Senilis;” and October 22nd, 1860, this gentleman exhibited a curious malformation in a child full born, consisting of a sort of caudal appendage prolonged from the margin of the anus which it covered to the raphé of the scrotum. After it was fairly removed it hung down and looked like a dog’s tail. It contained no bone. Again, March 18th, 1867, he exhibited two patients from whom he had removed the astragalus for dislocation of that bone.

Due attention has been paid to Anæsthetics, the late Dr. Snow having read papers, one “On Chloroform” (February 28th, 1852), and one “On Amylene” (January 10th, 1856).

To Dr. Richardson and Dr. Sansom we are indebted for similar contributions; and to Mr. Charles James Fox for one “On Nitrous Oxide.”

We have also been favoured with a communication from Mr. Peter Marshall, our ex-president, “On the Bichloride of Methylenes.”

I may here briefly allude to an interesting series of experiments brought before our notice by Dr. Richardson to support the theory that pigeons are insusceptible to the effects of opium. He showed a pigeon to which he had given fifty grains of opium for six days, and to which he gave, at one of our meetings, in the presence of the Fellows, *sixty grains of solid opium* in the form of pills, without the slightest effect being produced.

It is to Dr. Richardson that we owe the suggestion of introducing the Fellows residing beyond the Metropolitan Postal District; and I take advantage of this opportunity of conveying the thanks of the Society to those gentlemen who, at considerable personal incon-

* “The Gentle Life.”

venience, have added their quota towards our onward progress. Amongst others to Dr. Kelburne King, of Hull, for a paper "On Carbolic Acid and the Antiseptic Treatment in Surgery" (November 23rd, 1868); and to Dr. John Lowe, of Lynn, for narrating a case in which he had performed gastrotomy for closure of the pharynx, the patient surviving some days; and to Dr. Elliott, of Hull, for a case of spontaneous fracture of the humerus; and to Dr. William Price, of Margate, for a case of exfoliation of part of the head of the femur.

Mr. Henry Lee has given us, besides others of great interest, papers "On the Medio-lateral Operation of Lithotomy" (November 2nd, 1868); "On the treatment of Varicose Veins by Subcutaneous Section," and on "Vaccino-Syphilitic Inoculation" (April 27th, 1868).

Mr. de Meric, too, has added contributions "On the non-transmissibility of the Secondary Symptoms of Syphilis" (April 15th, 1854); and "On Infantile Syphilis" (March 3rd, 1855); besides other communications.

Mr. Wickham Barnes showed (November 12th, 1866) a patient who was the subject of fracture with partial displacement of the fourth cervical vertebra.

Dr. Symes Thompson has given us papers "On Progressive Muscular Atrophy;" and "On Indigestion in Early Phthisis;" whilst Dr. Thorowgood has contributed an excellent paper "On the Remedial Measures in Advanced Phthisis."

Mr. William Adams has also aided us by several communications; (May 2nd, 1868), "On the Treatment of Wounds by Antiseptic and Subcutaneous Principles;" and (November 9th, 1868) "On a Mode of Treating Deformities arising from the Cicatrices after Burns, by using a Steel Instrument provided with Compressing Plates so as to cause a Perforating Slough and to prevent Re-union." The operation was originally devised by Mr. Tamplin in the case of webbed fingers. In 1852 Dr. V. Pettigrew read a paper on this sub-

ject. The operation consisted of perforating the webbed part with a trochar and then inserting a piece of gutta-percha or other material, the edges being allowed to heal. The idea was taken from the piercing of ladies' ears. Besides Mr. Adam's course of Lettsomian lectures, we have fresh in our recollection his successful case of subcutaneous division of the neck of the thigh-bone for deformity.

The laryngoscope has been demonstrated by Dr. George Johnson, Dr. Morell Mackenzie, and myself; and the ophthalmoscope by Mr. Jabez Hogg; whilst Mr. Spencer Watson has given us communications in Ophthalmic surgery.

Various useful surgical instruments have been exhibited; amongst these a retentive catheter by Mr. Davy, and one I showed for Mr. Barnard Holt, termed, "the self-retaining winged india rubber catheter."

Dentistry, too, has not been ignored; in fact, we reject nothing that has practical and useful tendencies. Whilst we have received several short communications on this important branch of mechanical science, we recently (April 25th, 1870) had the opportunity of hearing from Mr. W. D. Napier a brief description of his new method of stopping teeth, the principal feature being to do away with metallic substances, and using instead ivory, vulcanite, or other non-conducting material, which, by an ingenious drill, can be most accurately fitted, thus imitating Nature,—no mean example—

"For Art may err, but Nature cannot miss."

And, lastly, remembering that "On their own merits modest men are dumb," I crave indulgence whilst I say a word of my own humble efforts:—

March 14th, 1864.—I showed for Sir William Fergusson a peculiar milky-looking fluid, which he had removed from the tunica vaginalis. The disease is very uncommon, and is known under the title of "Galactocoele." Also (February 10th, 1868) a portion of the *complete* circumference

of the tibia, which I had removed by operation, and at a recent meeting, the patient himself who, two years after the operation, could walk any distance without the aid of crutch or stick.

Also (November 23rd, 1868) cases of cleft palate; amongst them a child aged five, upon whom I had operated successfully without chloroform; and (December 21st, 1868) a patient whose foot I had removed by Pirogoff's operation two years before, and who, when exhibited, was in the habit of walking ten miles a day; and, lastly, (March 16th, 1863) two cases of excision of the elbow with a new form of splint.

I trust that these offerings may be the harbinger of many more of equal, if not of greater, interest.

Thus ends my disjointed narrative. I cannot conclude without expressing my cordial thanks to all present for the patient hearing they have accorded me. I have endeavoured, and I hope successfully, to show the *kind* of work we have been engaged in, the progress we have made, and the character of the contributions we have received. I have reviewed the past, which no one can have reason to regret. I have taken a hasty glance at the present. We need not, I am sure, fear the future, for

“The best of prophets of the Future is the Past.”

Who shall say we have not fulfilled the object for which our Society was established? Who shall say we have not done something at least to improve the tone and elevate the character of our Profession? Let us continue our good work. Let us carry on our discussions with the sole object of eliciting the truth, the whole truth, and nothing but the truth; so that at the end of all time each may raise his heart in thankfulness and say, in the words of England's greatest naval hero, whose death-wound I have already described, “I thank God for this opportunity of doing my duty.”

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